

Third Revised Proposed CHET Outcome Compliance Plan

July 2008

MENTAL HEALTH

Goal 1, Outcome 2 (Revised Implementation Plan, pp. 13 -14)

Children in out-of-home care 30 days or longer will have completed and documented Child Health and Education Track (CHET) screens within 30 days of entering care.

Outcome 2: Children in out-of-home care 30 days or longer will have completed and documented¹ Child Health and Education Track (CHET) screens within 30 days of entering care.

Benchmarks required for compliance- Outcome 2

	FY07	FY08	FY09	FY10
Statewide Benchmarks*	60%	70%	80%	90%
Data provided by CA:	7/1/08	1/1/09	1/1/10	1/1/11
Monitoring Report date:	7/15/08	3/15/09	3/15/10	3/15/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark.

Annual Informational Reports—Outcome 2 (due annually on February 1)

- *Percentage of children with completed CHET screens within 45 and 60 days of entry into care*
- *Medical screening*
 - *Percentage of children with completed EPSDT exams within 30, 45 and 60 days of entry into care*

¹ For Braam purposes, a completed and documented CHET is one in which age-appropriate screenings have been completed for all domains: Medical (EPSDT completed for all children); Developmental (developmental screening completed for children ages 0-60 months); Emotional-behavioral (Child Behavioral Checklist completed for children ages 6-18 years); Educational (educational records received for school-aged children); and Connections (for all children).

- *Developmental screening*
 - *Percentage of children ages 0-60 months with completed developmental screens within 30, 45 and 60 days of entry into care*
- *Emotional/ behavioral screening*
 - *Percentage of children ages 6-18 years with completed Child Behavior Checklists within 30, 45 and 60 days of entry into care*
- *Educational records*
 - *Percentage of school-aged children for whom educational records are received within 30, 45 and 60 days of entry into care*

Background:

One important aspect of the Children's Administration approach to improving outcomes for those children who remain in out of home care for more than 30 days is the CHET. Children's Administration first implemented a comprehensive screening (Kid Screen) beginning in 1993. Currently, the comprehensive screening now called CHET covers the following domains:

- Medical;
- Developmental;
- Emotional – Behavioral;
- Educational; and
- Connections.

The initial purpose of the CHET process was to identify the long term needs of children in foster care in order to address the long term challenges faced by these children. Washington is one of the few states in the nation that conducts a comprehensive screening of each child that remains in out of home care for more than 30 days. Over the years, the set of screening tools have been reviewed, modified, or replaced based upon both the usefulness and usability of the tools. The initial set of information gathered was enhanced in 2006 with the addition of the Connections Domain. Additionally in July 2006, Children's Administration began providing the completed CHET information to the child's caregiver. Children's Administration in more recent years has implemented a quality assurance process to improve the information gathered in the CHET process.

Because the CHET process is comprehensive, Children's Administration has experienced challenges in completing CHET screenings in the specified 30 days. Part of the challenge has been having sufficient staff to complete the CHET. Other challenges have depended upon the participation of others who serve or take care of a child, including schools, physicians, and caregivers. The compliance plan that follows details

the current strategies Children's Administration has developed to address the items that currently impact CHET completion within the specified timeframes.

Strategies to Achieve the Benchmarks:

Children's Administration (CA) management and the CHET screeners reviewed CHET completion and timeliness performance data, evaluating specific performance in each CHET domain. This review identified two distinct challenges: 1) completion rates for CHET screens and 2) timeliness (within 30 days) of CHET screenings.

Strategy 1

Improve Capacity to Complete CHET Screens:

CA received funding to hire an additional 12 CHET screeners beginning July 1, 2008. Each region received two FTEs. All regions have posted these positions. Four of the 12 CHET positions have been hired. For the remainder, all positions have been posted and regions are engaged in completing the hiring process.

Strategy 2

Increase Timely Completion of CHET Screens:

Three of the five domains in the CHET process require input or records from external sources. In addition to the 12 new CHET screeners, the following specific strategies to improve timeliness address main areas of delay in the completion process.

Strategies to increase the timely receipt of educational records:

Strategy 1

CA will partner with OSPI in their efforts to orient schools to the new statutory records requirement for children in foster care

In the 2008 session, the Legislature passed statutory amendments aimed at improving educational outcomes for students in foster care. The amendment states:

"In order to effectively serve students who are dependent pursuant to chapter 13.34 RCW, education records shall be transmitted to the department of social and health services within two school days after receiving the request from the department . . ." RCW 28A.150.510.

The following activities are underway:

- OSPI is codifying the statutory requirement in administrative rules. CA has been working with OSPI to identify potential communication tools for school districts regarding the records transmittal requirement. Once the rules are issued, a communication on this requirement will go out to all school districts.
- CA is developing an updated template for the regional agreements with the school districts. The template will include specific language regarding the statutory requirement to transmit records within 2 days of receipt of a request. CA is targeting districts with high removal rates, and where there is no current agreement in place, the template will be used to develop an agreement. For existing agreements, the template will be used to replace current agreements as they expire. The template will be developed by September 2008.
- CA is updating the letter CHET screeners use to request school records - adding the specific statutory wording requiring schools to transmit records within 2 days of the request. Additionally, the letter will clarify the specific list of records requested as outlined in Strategy 3 below. Once CA has a compliance plan approving the specific list of documents, the letter will be modified.

Strategy 2

Work with schools on timely record provision

In each region identify schools with:

- Low rates of providing records, and
- Low rates of timely provision of records.

Once schools are identified, CA regional offices will actively work with these schools to identify the challenges to timely record provision and jointly work with these schools to address the identified challenges.

Strategy 3

Clarify with schools the specific list of required records

The Panel has noted that for a CHET screening to be considered complete, the educational domain screening must be complete. For school aged children, the Panel

has indicated CA must have received educational records to complete the educational domain.

The CHET screeners, in consultation with CA management and an educational advocate, identified the primary information/records needed to complete the educational domain screening portion of the CHET.

The following are the child-specific school documents which will be requested:

- The child's IEP or 504 plan (if applicable);
- The child's specific student identification (SSID) number;
- The number of credits for youth in grades 9 through 12;
- The child's attendance; and
- The child's GPA or grades.

CA will request these specific documents and record this domain as complete upon receipt of these documents.

Emotional/Behavior Domain

An analysis of performance data in the emotional/behavioral domain resulted in ongoing consultation with Lucy Berliner, Director of the Center for Sexual Assault and Traumatic Stress. Together, we have identified the current screening tool as a primary barrier to improving performance and receiving valid, accurate information on the child in this domain.

The current screening tool is the Child Behavior Check List (CBCL). In order to use the CBCL, a questionnaire is sent to persons who know and are familiar with the child. They are asked to fill out the questionnaire and return it to the screener within a specific timeframe. The form is generally sent to the child's parent(s) or guardian(s), a school teacher or counselor, and the youth if over 11 years of age.

The current tool presents the following challenges when used in the CHET process:

- In order for the tool to be considered valid, the CBCL criteria require the person completing the tool to know the child for 60 days prior to completing the tool, therefore eliminating the out-of-home caregiver in most instances when the requirement is to complete the CHET within 30 days. About 60% of children in out-of-home care are placed with licensed non-relative caregivers.

- The length of the questionnaire (108 questions) is burdensome. This reduces the chance the form will be returned at all, as well as the chance that it will be returned within the necessary timeframe.
- There is a low rate of return of the forms to be completed by bio-family (parents) and teachers. *When a response is not received, CHET Screener will contact the caregiver to gather information about the child.*

Strategy 1

Work with experts to identify an alternative tool, or tools, to complete the Emotional/Behavioral domain.

The work with Lucy Berliner and other experts in this field has identified possible alternative tools. This work continues. CA will meet with experts to identify the tool that is best suited to the foster care population and our timeframes. CA will report to the panel on progress by September 15, 2008 with training on the new tool scheduled to occur in October 2008.

Once we have identified an alternative tool, or tools, for this domain, CA will notify the Panel of our decision, provide necessary background information and the analysis for selecting the specific tool.

Physical Health Domain

Our performance in this area has increased, but additional strategies are needed in order to perform at the benchmark level.

Scheduling an EPSDT examination for completion within a thirty day timeframe is difficult. The EPSDT examinations take longer than a regular check-up or appointment, and doctors often do not have times available for these longer appointments on short notice.

Strategy 1

Continue to work with the Health and Recovery Services Administration on accessing timely EPSDT exams for foster children.

In addition to CHET screener's efforts to coordinate EPSDT appointments in a timely manner, the following strategies will be employed:

- The Health and Recovery Services Administration (HRSA), specifically Dr. Thompson, Chief Medical Director for HRSA, has offered to help CA by working with the Washington Chapter of the American Academy of Pediatrics. Dr. Thompson will present foster care health issues and discuss strategies to help our children access timely medical care including EPSDT examinations within 30 days of placement.
- CA will utilize the HRSA's Centers for Foster Care Health to help coordinate and provide access to physicians to obtain the EPSDT examinations for foster children without a primary care physician in place. These Centers are now in operation in Spokane, Longview and Seattle. The legislature provided funding to HRSA for up to 2000 foster children to receive services through the CFCH sites. Two of the three sites are in operation as of July 1, 2008. The third site (Seattle) is still working through their contract approval process and should be in operation by August 11, 2008.

Foster parents and caregivers are not required to use CFCH services. However, the Centers of Foster Care Health are able to provide the following services for children in foster care who access the centers:

- Have medical providers who know about the special health needs and concerns of children in out-of-home placement.
- Provide medical care including EPSDT examinations within 30 days of placement when there is not an existing relationship with a medical provider.
- Help foster parents and caregivers find primary care providers who accept Medicaid. If regions already have a resource in place for identifying providers, the CFCH can be an additional resource but is not intended to replace the established process.
- Develop and/or maintain a Medical Home.

CA will utilize the 24 Hour Foster Care Nurse Consultation Line to assist caregivers in making appointments and identifying medical homes. The consultation nurses will be available to work with foster parent to identify and access medical providers when

children do not have an existing relationship with one. The Nurse Consultation Line will be operational in October.

CA will communicate information about the nurse line to caregivers by:

- Mailing a letter from Division of Licensed Resources (DLR) to each caregiver informing them about this new service.
- Creating an informational flyer that will be included in caregiver placement packets.

Strategy 2

Communicate importance of EPSDT checks to foster parents and relative caregivers

In reviewing performance data, CA identified a lower rate of timely completion among specific populations. Relative caregivers, as a group, appear to have a lower rate of completed examinations, than licensed caregivers.

CA will include a regular reminder in the foster parent/caregiver newsletter that the EPSDT exam is needed. The reminder will also include information about the difference between a sick visit and an EPSDT. This reminder will be included in the newsletter by September.

- CA will post a clear reminder on the foster parent website about the need and expectation for caregivers to ensure initial and annual EPSDT examinations are done for children in out-of-home placement. This reminder will be posted by September.
- CA will develop and implement a regional communication plan for social workers and caregivers. This plan will address the expectation that all children will have an EPSDT exam within the first 30 days of placement. The plan will include specific information that highlights that relatives can be reimbursed for travel to medical appointments. The communication plan will be completed by October 2008.

Strategy 3

CHET screeners will follow up with medical offices at least two times for medical records, if not received.

Regular Monitoring:

CA will regularly monitor performance in each domain, as well as performance overall for completion rates. CA will monitor and review the ongoing challenge of obtaining school records requested during extended holidays and breaks. Monitoring will allow us to determine which strategies are impacting our performance. As we gain information on the success of our strategies, we will identify new strategies or modify existing strategies to optimize performance.

Performance monitoring will include regular meetings of the CHET Screeners, Coordinators, and CA Program Management staff to review regional and office level performance and to develop recommendations for the regional administrators.

CA Program Management Staff will meet on a quarterly basis with the Regional Administrators to review completion rates and domain performance and make recommendations for statewide best practices where identified.

MEASUREMENT:

Original Implementation Plan:

In the original Implementation Plan, issued in February of 2006, the CHET outcome and benchmark measure was as follows:

Outcome 2: Within 30 days of entering out-of-home care, each child's functioning in five life domains (physical/medical, education, family/social, developmental, and emotional/behavioral—including substance abuse behaviors) will be screened, and a plan for meeting his/her needs will be developed.

Benchmarks:

1. Children in out-of-home care 30 days or longer will have completed and documented Child Health and Education Track (CHET) screens within 30 days of entering care.

The outcome was measured as follows:

To be considered complete, the screen had to be completed and the staffing meeting also had to be held within the 30 day period.

CA Proposed Definition:

In 2007, CA changed the definition of when a CHET screen is considered “complete” to:

- exclude the need for the screening meeting to be held (because there is a separate outcome benchmark measuring the compliance with these staffing meetings); and
- consider a screen complete when the portions of the screening process that are within CA’s control are done (excluding the portions that are not within CA’s control – those that require a person or entity outside CA to provide the information or records)
- “The CHET staffing, while still a requirement, is no longer required for the screening to be considered complete. A complete CHET screening is now one where the written screening report is done using all the information available to the screener within 30 days of placement, given that required efforts have been made, per policy. Children eligible for CHET screening include all placements lasting at least 30 days with no exceptions for children unavailable due to running, children who changed legal custody, children who moved out-of-state, youth in Juvenile Rehabilitation and Detention, youth who aged out of care or children who had a valid assessment from another source.” CA Performance Date Report, FY07.

Revised Implementation Plan:

The Panel did not agree to the CA proposed change in definition and the newly Revised Implementation Plan, issued July 3, 2008, provides another measure definition.

“For Braam purposes, a completed and documented CHET is one in which age-appropriate screenings have been completed for all domains: Medical (EPSDT completed for all children); Developmental (developmental screening completed for children ages 0-60 months); Emotional-behavioral (Child Behavioral Checklist completed for children

ages 6-18 years); Educational (educational records received for school-aged children); and Connections (for all children)."

Under each definition, screeners were given a different instruction on how to record their work. Because of the difference in what was considered complete under each definition, performance cannot be measured across the previous years.

On July 15, 2008, CA participated in a conference call with the Panel Chair and staff, and Plaintiffs' counsel. This call included discussions regarding: 1) a possible change in the tool used to screen children under the Emotional/Behavioral domain, and 2) CA's questions on what specific records the Panel will expect to be received in order for CA to count the educational domain as complete.

These discussions did not result in a clear direction to CA on the question of educational records. A suggestion was then made that CA utilize their internal experts to identify and make recommendations on which educational records were minimally necessary. CA has done that and the list is included under the education domain.

Once we have an approved compliance plan, CA will work with our data unit to develop a tracking mechanism. CA will provide an update on:

- the timeframes for developing the data tracking mechanism, and
- the process for communicating the change to workers.

Previous Findings:

The previous findings for this outcome benchmark will be provided as an appendix to be incorporated into the final approved compliance plan.